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FOURTH YEAR — N° 37

# International Review of the Red Cross



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INTERNATIONAL COMMITTEE OF THE RED CROSS  
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## INTERNATIONAL COMMITTEE OF THE RED CROSS

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# INTERNATIONAL REVIEW OF THE RED CROSS

FOURTH YEAR — No. 37

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## FRENCH EDITION OF THE REVIEW

The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge*. It is, in principle, identical with the English edition and may be obtained under the same conditions.

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## SUPPLEMENTS TO THE REVIEW

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### SPANISH

- S. Gabru : De los vendajes al control de los barcos. — La prodigiosa evolución de las tareas de la Cruz Roja. — Un gesto de solidaridad repetido millones de veces.

### GERMAN

- S. Gabru : Von Solferino bis zur Schiffskontrolle. — Die wunderbare Entwicklung der Rotkreuzaufgaben. — Eine Tat der Solidarität millionenfach wiederholt.

## THE INTERNATIONAL REVIEW OF THE RED CROSS

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Editor: J.-G. LOSSIER

## From Lint to the Inspection of Vessels :

### The Amazing Development of Red Cross Tasks <sup>1</sup>

Just as the tree obtains nourishment at its roots, so we come to draw strength and inspiration at the very source of a noble idea, where the Red Cross was born and where it has grown.

Delegates of 90 Societies, representing 157 million members, have flocked here from all parts of the world to celebrate and pay tribute to one hundred years of service and unlimited devotion to the welfare of mankind.

This commemoration is a suitable vantage-point from which to review the road which has been travelled in the course of a century by a great movement and also to look ahead in order to study the future, its prospects and its limitations.

Recalling the past history of the Red Cross leads us to its starting point : a battlefield where the cry of thousands of wounded resounds and one man alone stops to heed it ; one man alone resolves to help. For he is filled with compassion ; not passively, but actively, in a manner calling forth the best which is in every man. And who was he ? Just a visiting stranger !

It is this visiting stranger who summons us here today ! A young man braving the dangers of war in his desire to be received in audience by the Emperor in order to obtain a concession. And suddenly his plans are changed ; the plight of 40,000 wounded men and their plea stops Henry Dunant in his tracks. This Genevese is no longer the business man in a hurry. For the rest of his life this plea was to resound and he in turn launched an appeal to which millions of men and women are still responding.

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<sup>1</sup> In its number of February last, the *International Review* published the text of the lecture given in August 1963 by Mr. F. Siordet in the Lecture Hall of Geneva University, in the programme of public lectures organized on the occasion of the Red Cross Centenary.

We now produce the text of Mrs. S. Gabru's lecture within the same programme. (*Edit.*)

Who were these wounded ? Strangers ! For what cause had they been fighting or defending ? Dunant cared nothing for the reason behind the fighting, he only saw these men as brothers, brothers who had been bent on destroying one another.

The sight of so much suffering touched Henry Dunant to the quick. But what could one single stranger do in the face of so much suffering ? He appealed to the population of Castiglione and thus improvised the first volunteer relief service.

Later, when Henry Dunant appealed to the heads of States and to ordinary men and women, he was convinced that all men, high or low, have at heart the same noble sentiments as those which moved him at Solferino.

He realized the greatness of his discovery and its limitless possibilities.

Shortly after, the author of " A Memory of Solferino " was to see his idea embodied in a Convention and symbolized by an emblem sanctioned by treaty, for, five years after Solferino, twelve States signed the first of the Geneva Conventions, named after that historic city.

From then on the emblem of the Red Cross could be seen on every battlefield, a bastion of humanity, sometimes shielding the wounded, the medical personnel, buildings and vehicles, sometimes acting as a passport opening the way for volunteer workers to go beyond the front line.

Wherever there is war or conflict, the Red Cross hastens to the scene as a messenger of peace, humanity, impartiality, independence and neutrality. Its delegates are the human link where formerly none had seemed possible. They save hostages and persons condemned to death.

Whilst belligerent strategists section off parts of the world on which to direct their destructive power, there is another organization studying another form of strategy for the purpose of salvaging what it can in the wake of devastating might ; and the men, women and children who owe their lives to it are legion.

The voluntary workers of the Red Cross walk amidst chaos, deaf to the canon's roar, oblivious of the danger which threatens them and indifferent to the passions which fan the ardour of battle. Their only protection is a Convention and an emblem as they tend the wounded of both sides with equal devotion, for doctors and nurses know that life is a divine gift of equal value to all men.

The women of Castiglione beside the wounded had the same qualities of the heart as the nurses of today. But how much progress has been achieved in medical science over the past century !

We have said that the Red Cross volunteers are neutral and bestow their care equally to all wounded, whereas the combatants on both sides of the conflict justify their work of destruction. The workers of the Red Cross remain neutral and yet they are not from another planet. The majority of them come from the very countries which are engaged in the fatal struggle and the outcome of the fighting affects that which they hold most dear : their country and what this word represents for every man.

Yet they remain neutral. They must do so in the accomplishment of the work they have promised to undertake, a work of brotherhood in spite of differences of nationality, religion, political opinions and so forth. For this purpose, they must act in a manner which appears to them to be just. It is almost total sacrifice.

It is certainly no easy matter to serve the Red Cross. There are times when it seems almost impossible to raise oneself above differences of nationality and politics. However, this has to be possible ; it is the only means, as has been demonstrated by a century of hard work.

The Red Cross must triumph over all differences ; it is the last stronghold of humanity and independence ; it is hope for the world.

And yet we know that those who work for the Red Cross are neither demi-gods nor supermen, but mere mortals, vulnerable like all men, recruited among volunteers in every country, from all levels of society. Their cause alone is great and sacred ; it is that which gives them strength to persevere. What they have accomplished seems incredible. Their deeds are unostentatiously recorded in the annals of the Red Cross.

The Red Cross has had its martyrs, for unfortunately the Geneva Convention has not always been respected. Volunteers who have fallen innocent victims to bombs and bullets are many. The world is indebted to them. If humanity is precious, they have been its finest jewels. They have generously given their lives for persons unknown to them throughout the world. Their dedication has taken them far from their homes, into the heart of the jungle, into the sands of the desert or into the snowy wastes.

\* \* \*

Such is the spirit which should inspire those in the service of the Red Cross. Before reviewing the evolution of our great movement's mission, it was I think essential to emphasize this aspect, for not all of the manifold activities which I shall now describe could really achieve their objective if they were not conceived and impelled by such a spirit.

Since the time when lint was the mainstay of the dressings for the wounded on the battlefield of Solferino, the Red Cross has developed in scope and action to an amazing degree. After taking up the cause of the wounded and sick abandoned on the battlefield and after making sure through the Geneva Convention that they would be cared for, the Red Cross turned its attention to the condition of prisoners of war, in order to ensure respect for the lives of those who have no protection and who are entitled to humane treatment. Behind barbed wire, hundreds of thousands of prisoners, although belonging to a civilized world, have had to live in deplorable conditions, where subsistence and the need of food and water precluded any other consideration. To these destitute victims, only the delegate of the Red Cross brings real hope and even their guards hesitate to discard all respect in the presence of these representatives of humanity.

Even more are the prisoner's moral torments of separation from his family alleviated by the messages which the Red Cross is able to transmit ; by this means, prisoners and their families are given comfort and especially the courage to go on hoping. But at the beginning, what caution was necessary in the extension of our work for the benefit of prisoners of war ! In 1870, when an information bureau was set up in Basle, to deal with victims of the Franco-Prussian war under the patronage of the International Committee, it was not then placed under the sign of the Red Cross. This is a precedent which is worthy of note.

All these activities on behalf of victims of war reached their culminating point during the First World War and at that time a new phase of activity was undertaken—assistance to civilians who had been affected by hostilities and had been forced to flee. In order to cope with these innumerable tasks, the National Societies have to recruit thousands of men and women of goodwill prepared to serve the Red Cross.

Then in 1919, a wonderful thing happened. It was realized that these thousands of voluntary workers should not be disbanded, but



should remain close to the Red Cross and continue their good work in other fields. Thus it was that the world federation of National Red Cross Societies—called the League—was born for the purpose of carrying out, also in time of peace, tasks calling for a spirit of devotion equal to that which had fostered the assistance to victims of war.

Henceforth, nurses whose training is a constant major concern of the Red Cross, will tend hospital patients ; not only the wounded and sick victims of man-made conflicts, but those stricken by illness, accident or natural disaster.

An innovation of capital importance to medicine came to their assistance, that is : blood transfusion, which saved thousands of otherwise hopeless cases. This was a development which must be mentioned straight away, in view of its outstanding importance among the activities of the Red Cross. Anonymous volunteers freely give of their precious blood ; the Red Cross collects and stores it until it is transfused to the unknown person in need.

Donation of this kind is particularly important when numerous casualties occur all at once, as happens when natural disasters take place. We have all a recent example of this in mind. More than in any other field does the solidarity of National Societies and their instructions to first-aiders become evident in events of this kind when the ever-vigilant resourcefulness of the Red Cross brings assistance to the victims.

But although the Red Cross is known for its activities which catch the public eye, such as those I have just mentioned, there are within its scope a thousand humble tasks which are no less necessary. We have but to recall all the old people, left to their solitude, the war wounded and the people who suffered injury in natural disasters, condemned to lead a life without joy or hope. The Red Cross does not forget them. Its voluntary workers, often young people, keep them company, reading to them, making themselves generally useful and, with the co-operation of entertainers, restore laughter to hearts from where it had been long absent.

The work of the Red Cross on behalf of the disabled, is aimed at enabling them to return to an active life and a normal place in society, through the patient devotion of nurses and the ingenious appliances designed to help them.

To some extent, is not the plight of the thousands of refugees thrown into internment as a result of conflict similar to that of the

disabled ? The international institutions of the Red Cross, particularly the League, assume the burden of bringing them relief. It is at times striking that such difficult tasks are performed by so few people, and with such speed. The financial outlays for these activities are astronomic and constitute an eloquent reflection of the generosity both of the members of the Red Cross and of private or public donors who, although not belonging to the Red Cross are in sympathy with its ideal.

For a great many of its tasks, the Red Cross calls upon young people and the importance of the Junior Red Cross movement cannot be over-emphasized. It seems to me that it is essential for children to grow up in an atmosphere where a spirit of mutual assistance prevails and for them to become familiar at an early age with the various means of providing relief, beginning with first-aid which may be given in the event of accident, at school, on the roads and even at the swimming pool or beach. By directing the interest of the young towards their comrades in other countries, through correspondence or the sending of personal parcels, a basis of friendship among peoples is laid ; is not adult mentality dependent on upbringing during childhood ? The Red Cross, accepted in all countries, no matter what the prevailing political atmosphere, teaches children love of one's fellows and mutual assistance irrespective of race, creed or politics. And this is the school of that tolerance which is so necessary within and among nations.

Today, it seems to me that the Red Cross has gone beyond the stage where it needs to propagate its ideals. Its benefits are so greatly appreciated and its principles so widely known that the calls made on its international institutions—the League and the ICRC—requests for assistance, advice and suggestions, are ever more numerous. Since the end of the Second World War, twenty new national societies have joined the institution. Most of them are from the continent of Africa. As soon as they became independent they hastened to apply for admission as members of the International Red Cross, particularly of the League, for to them membership of our great organization is identified with one further necessary attribute of independence.

There is a considerable field of activity open to all these new Red Cross Societies and also to others which will come to their aid, for there is a crying need for them. Apart from the beneficiaries of the traditional activities which will continue to be carried on,

people in need of education, care and tuition in hygiene are legion, and the problems besetting the young National Societies are nothing short of titanic.

What are the limits to their tasks ? The activity of the Red Cross must always be commensurate with human need and suffering, otherwise it would be quite out of character. But this means that the Red Cross must heed the needs and sufferings of a type quite different from those which spurred on the pioneers of our movement. For example, there are the illiterates, with no technical skills, who are potential victims of conditions prevailing in the world of today, and they must be enlightened in order for them to be less dependent on others.

As the yardstick by which to measure the limits of its activity, the Red Cross has a reliable criterion—that is, its set of principles, universally accepted by all its members. Provided these are interpreted not in a narrow-minded way, but with a full view of all their possibilities, these principles are the surest guide to the action which comes within the scope of the Red Cross ideal. It is not by chance that the Geneva Conventions, which have been ratified by nearly all States, stipulate that only activities which are consistent with Red Cross principles may be carried out under the aegis of the red cross emblem.

We need not recall here all these principles, but let us mention the most essential : that is to say humanity, as defined and unanimously adopted by the Council of Delegates in 1961 in Prague :

“ The Red Cross, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours—in its international and national capacity—to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, co-operation and lasting peace amongst all peoples.”

\* \* \*

The peacetime activities of the Red Cross, co-ordinated by the League, have been extended to include the promotion of mutual comprehension amongst young people, and of health and hygiene, with the aim of preventing rather than alleviating suffering.

Alas, the Red Cross has still to attend to suffering which is all too current ; that of the victims of all sorts of armed conflicts which never cease. The Second World War was a testing ground on a large scale for the accomplishment by the Red Cross of the tasks that it had assumed for the benefit of both military and civilian victims. But well before 1939, the Red Cross was called upon to widen the scope of its activities during conflicts, and from 1945 onwards conflicts have become more and more frequent. I am referring here to civil wars and other internal disturbances which are the more cruel because of the furious passions of the antagonists. The International Committee and the National Societies underwent a hard apprenticeship, particularly in the Spanish civil war, a tragedy related by Dr. Junod in his fine book *Warrior Without Weapons*, where he says :

*Everywhere throughout Spain, with the Whites and with the Reds in Burgos and in Madrid, in Valencia and in Barcelona, the delegates of the International Committee of the Red Cross were doing the same kind of work. The web we weaved endlessly over a torn and divided nation was a network of misery and suffering, of despairing appeals and heart-breaking tragedies.*

*Not only the relatives of the missing and the mothers and wives of the executed came to us, but the prisoners themselves wrote. Terrible revelations and heart-rending complaints came to us from the dungeons in which so many men were cut off from the outside world.*

*What could we do ? We had no authority and no right to intervene. It needed a lot of courage to say to those men who were holding on to the reins of government in the general chaos : " This and that atrocity is being committed in your prisons...? "*

I cannot mention the name of Dr. Junod without recalling him to mind during the war in Ethiopia. It is thanks to this noble servant of our movement and to numerous National Societies such as those of Sweden, Great Britain, Egypt, Holland, Norway and Finland that the Red Cross was introduced into my country. At the time of the greatest danger their presence, the help which they brought to us and their deeds of bravery, have fired Ethiopian hearts with the Red Cross ideal, even before the principles of the movement were known to us. I would like to pay them a tribute on this occasion, a tribute which they have richly deserved.

Yes, this is the type of conflict which the ICRC delegate so rightly spoke of as having unceasingly necessitated the International Committee's intervention. There was, for instance, the conflict in Palestine, the war in Algeria, the Hungarian revolution of 1956, the conflict in Cyprus, in the Lebanon, in the Congo and in Cuba. Humanitarian tasks in these cases are much more difficult to carry out than those which have to be performed during international conflicts, for they are based not on the Geneva Conventions as a whole, but only on a single provision contained in these Conventions. This provision is contained in Article 3, which merely lays down the essential humanitarian principles and enables the International Committee to offer its services.

Finally, let us recall the latest phase, that is to say, the recent evolution of the Red Cross activity during times of international tension, about which yesterday's speakers spoke at length. The aim of this activity is to intercede on behalf of the people who have to suffer from such a situation and even to prevent the outbreak of hostilities which would give rise to suffering on a vast scale.

Because of its independent and neutral character, States have had recourse to the International Committee. For example, during the repatriation of Koreans from Japan. Similarly when diplomatic relations were recently broken off between the Netherlands and Indonesia, elderly persons who remained in Indonesia were able, through the intermediary of the National Societies and the ICRC to receive their pensions which were so vitally important to them.

Again last Autumn, during the Cuban crisis, the Great Powers wished to entrust to the ICRC the task which was eloquent testimony to the confidence which the Red Cross and the International Committee have been able to engender. This confidence demonstrates the extent of the possibilities available to the Red Cross, of preventing incalculable suffering. When it accepted this task, the International Committee laid down certain conditions and strict guarantees. There was surprise in some quarters that the ICRC did not refuse outright to intervene, for they were concerned lest a breach be made in the organization's character of strict neutrality.

But has it not always been the rôle of the Red Cross to accept resolutely such missions as a neutral intermediary, when there is a chance, no matter how slight, of avoiding a catastrophe ?

\* \* \*

At the beginning of this talk, we heard how Henry Dunant moved Heads of States and thousands of private individuals to pity for the wounded, so ignominiously abandoned on the battlefield. Since then civilization has been more concerned with the individual : the child receives care not only from its mother but also from nurses and doctors ; and a whole series of persons and institutions are occupied in taking steps to ensure hygienic living conditions for the child, watching over its feeding and physical development ; governments organize the educational system from which it will derive the most benefit and its cultural inheritance springs from thousands of years of experience which will enable it later to make a contribution to society.

To-day man enjoys the fruits of civilization which he requires for a happy life, yet in fact he lives under the constant threat of a war which could reduce to nought the progress which has been achieved by dint of so much labour. And it is I think the fate of man to-day which must be the subject of our concern. His life is a profound contradiction, for he seems to observe the paradox of our times, powerless to do anything about it and often resigned to it, whereby millions are spent on medical research in order to isolate the bacteria which are noxious to health, whilst at the same time even more millions are allocated to means of mass slaughter.

Let me say that those of us who have come from far and who aspire to modern civilization are confounded by this contradiction. I have admired, to the point of envy I must admit, the meticulous care devoted to your babies, but it seems to me that all this care is futile if it has to be accompanied by the passive acceptance of weapons which will make of your sons both target and killer. From this point of view it would seem that man's forward march over thousands of years has not taken him far ; he has even been doing nothing more than mark time.

The Red Cross has drawn up Conventions to protect the wounded. Could it have a convention for the protection of mankind today which would eliminate this contradiction and for ever prevent men sound in mind and body from becoming wounded ?

**SENEDU GABRU**

Member of the Presidential  
Council of the Ethiopian Red Cross

Vice-Chairman of the Board  
of Governors of the League

# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## INTERNATIONAL COMMITTEE'S ACTION IN THE YEMEN

After several months of relative calm, a renewal of fighting has been reported in North East Yemen, a region in which is located the field hospital established by the International Committee of the Red Cross last November.

This new situation has resulted in an influx of seriously wounded which renders the task of the medical team, now under Dr. de Puoz, even more difficult. The hospital's capacity has already been exceeded with eighty Yemenis undergoing treatment and the doctors are consequently obliged only to admit the most serious cases from now on. The sick and lightly wounded are cared for at the polyclinic. Two months ago these amounted to 40 a day. Now 160 or more are given daily treatment there.

### *Great difficulties*

Fairly fresh temperatures in December and January have been followed by intense heat in the Yemen desert. During the day more than 40° C has been recorded in the hospital tents. The Head of the ICRC mission recently wrote : " The problem will soon become serious and only the very robust will be able to endure this climate ".

Such heat has in fact increased the difficulties of water supply, daily requirements having risen from 3,500 to 9,000 litres within a few weeks. Since the nearest well is more than 25 miles from the hospital and as it is not possible for the water truck to make many additional journeys, the medical team has been obliged to ration water.

*German and French doctors.* — In response to an appeal launched some time ago by the ICRC, the German Red Cross in the Federal

Republic of Germany placed two persons at its disposal, Dr. Ernesto Fernandez Ruiz de Villegas and male nurse Wolfgang Jungbluth, who arrived at the Uqhd hospital at the end of February.

Two doctors delegated by the French Red Cross, Dr. Maximilien Récamier and Dr. Jean Pascal Grellety-Bosviel have been working there since March 23.

These two teams have been placed under the control of the International Committee and will increase the hospital's strength.

The British medical team, consisting of Dr. Colin Wilson-Pepper and male nurse Arnold Plummer, will for its part also be working at Uqhd, after having spent several weeks in the western fighting area. It will be replaced in that sector by Dr. Hans Rudolf Wolfensberger and male nurse Alfred Moser, who are both Swiss.

*Financing of the action.* — The financing of the medical mission in the Yemen and more especially of the hospital at Uqhd has been a serious problem for the International Committee for some considerable time.

At a time when this hospital is becoming more indispensable than ever to aid the victims of the conflict, the ICRC cannot now consider interrupting this great humanitarian task. It can, however, not pursue it unless it is able to count on considerable financial support from Switzerland and from other countries.

*Relief activity on the Republican side.* — With the end of Ramadan, the ICRC delegation in Sanaa, capital of the Arab Republic of the Yemen, renewed its "milk for children" action and is at present making a daily distribution to some 700 to 800 sick children and orphans. This is shortly expected to exceed 1000 in number. In addition to milk, gifts of cheese, medicines and tonics in tablet form are also now being distributed.

*Aid to prisoners.* — The ICRC is continuing to bring aid to prisoners of war and political detainees on both sides. At the El Radaa prison in Sanaa, capital of the Arab Republic of the Yemen, Mr. Charles de Blonay, delegate, has visited some thirty of these detained persons, who included six members of the Imam's family. Thanks to his knowledge of Arabic, he was able to talk



with them without witnesses and distributed relief to them. He then submitted a report to the detaining authorities on the observations he had made during his visit.

On the Royalist side as well, the ICRC sees to the prisoners' conditions. It made representations with a view to assuring the safety of captives in certain areas near the fighting zone.

*Transmission of messages.* — In this conflict, as in so many others in the past, the ICRC is acting as intermediary between prisoners and their relations. It has in a number of cases already been able to transmit messages and thus allay the anxiety of families by informing them that someone dear to them, of whom they had been without news, is alive.

However, the ICRC continues to receive requests for news, demonstrating the anxiety felt by families. In some cases, contact has already been established, thanks to steps taken by the ICRC and its Central Tracing Agency.

## INTERNATIONAL COMMITTEE'S ACTION IN CYPRUS

The action which has been undertaken for more than two months by the ICRC in Cyprus, in accordance with article 3 of the Geneva Conventions relative to conflicts not of an international character, has recently achieved some appreciable success.

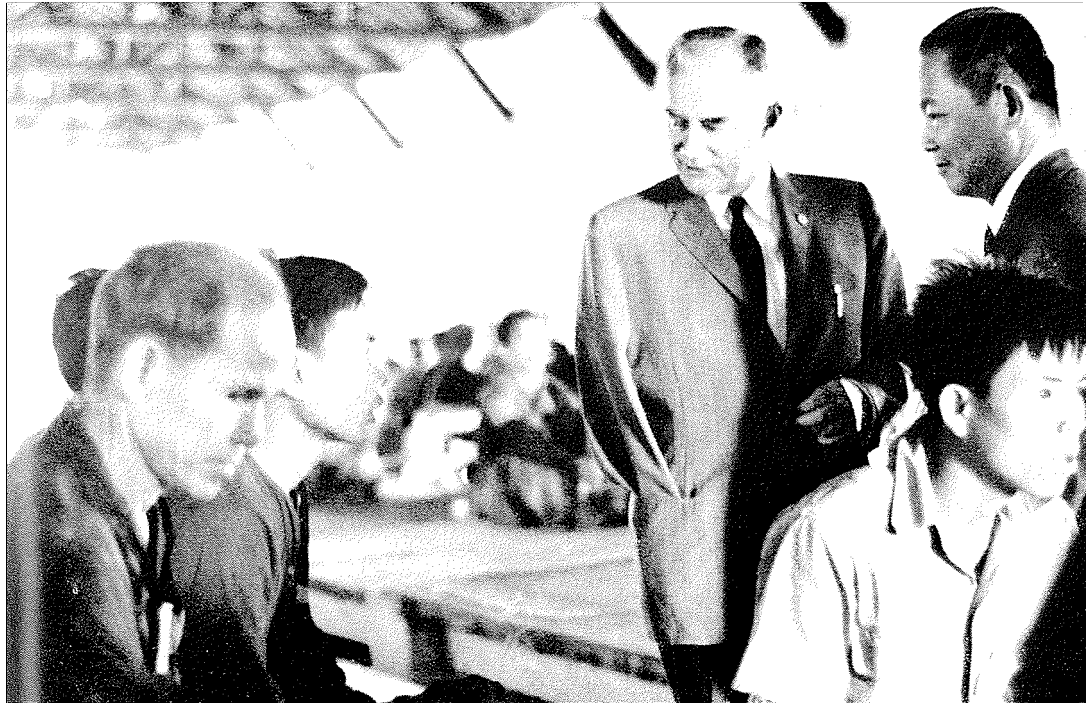
In fact, thanks to the intermediary of the International Committee and to its delegation in Cyprus, under the direction of Mr. A. de Cocatrix, the 49 hostages, whose release had been decided upon by Mgr. Makarios, were set at liberty. Having come from various parts of the island, they were taken to police headquarters in Nicosia, where they were officially handed over to the ICRC delegation. The hostages, amongst whom there was one woman, were then transported in three lorries, preceded by the vehicle of the ICRC, as far as the Turkish quarter of the Cypriot capital. There they were welcomed and acclaimed by a crowd of some three thousand.

Shortly before this, Mr. Kutchuk, leader of the Turkish community, had informed Mr. de Cocatrix of his intention to make a similar gesture for Greek hostages.

In addition to the release, already mentioned, of 49 hostages belonging to the Turkish Cypriot community, the delegates of the ICRC succeeded, between January 1 and the beginning of March, in visiting 110 prisoners (101 Turkish Cypriots and 9 Greek Cypriots) in sixteen places of detention and were able to secure the release of 34 of these.

After these positive results, the ICRC is now facing great difficulties due to the extremely tense situation existing in the island. The delegates are nevertheless attempting to win acceptance for the humanitarian values of the Red Cross in an atmosphere which is so often charged with hatred.

Mr. Albert de Cocatrix, Head of the delegation, has returned to Geneva, where he reported to the ICRC. He has now been replaced by Mr. Max Stalder.



Accompanied by the President of the Red Cross of the Republic of Viet Nam, Mr. Durand, ICRC delegate, pays a visit to the men's dormitory...

## VIET NAM

... and the infirmary at Phu Loi Camp, in the Republic of Viet Nam.





**Geneva.** — At the ICRC headquarters, Mr. L. Boissier receives a visit from Miss S. Nayar, Chairman of the Indian Red Cross.

**Morocco.** — Co-operating with the Moroccan Red Crescent, Mr. Muralti, ICRC delegate, distributes relief supplies to Algerian prisoners.



**SUNDRY ACTIVITIES**

**News Items**

**Relief action in Kwilu**

Mrs. Egger, delegate of the ICRC in Léopoldville, went to Kikwit in February, accompanied by the deputy head of civil operations of UNO, Mr. Gilpin, and by various other officials and by representatives of the Red Cross of the Congo, with a view to co-ordinating the United Nations' relief action in the troubled province of Kwilu. Mrs. Egger had talks with the local military and civilian authorities, and her mission was entirely successful.

The United Nations have placed the necessary aircraft at the disposal of Caritas and Protestant Welfare which are supplying food. (240 tons of provisions were already stocked at Kikwit.)

Further measures are being taken to ensure the continuation of supply once the air-lift has terminated (priority on boats Léopoldville-Kikwit ; availability of some lorries requisitioned by the army and of escorts for them to relief points). The local branch of the Red Cross of the Congo is co-operating efficiently in this activity and has already aided a large number of victims.

On February 19, two convoys loaded 1000 kgs. of foodstuffs and two other convoys also left for Gungu : 9 tons should be sufficient to cover the more immediate needs of the population. Prisoners also benefit from food distributions.

**Visit to detainees in Ruanda**

Mr. G. C. Senn, delegate of the International Committee, who had obtained general authorization to visit all prisons in Ruanda, for the purpose of enquiring into conditions of detention, has continued his tour in the interior.

Accompanied by Mr. Maurice Frauchiger in the capacity of assistant delegate of the League of Red Cross Societies, he visited Nyanza prison (268 prisoners) on February 10 and Kibungo (135 detainees) on February 22. He also went to the administrative centre of Gyangu (Ruanda) and its prison (185 detainees). The contacts he was able to make and his long experience of Africa, are of inestimable value to the effectiveness of the action being undertaken on behalf of the victims of the recent events.

## INTERNATIONAL COMMITTEE

Furthermore, Mr. Senn had talks with Mr. Dorsinville, special representative of the United Nations. He submitted certain suggestions to him on the procedure to adopt in drawing up lists of victims of the events in Ruanda and on measures to be taken to restore calm. He also had useful discussions with members of the Ruanda Government.

### **Zanzibar**

Mr. G. Hoffmann, General delegate of the ICRC for Sub-equatorial Africa, went on a brief mission to Zanzibar between February 26 and March 3, 1964.

Received by the President of the Republic, Mr. Abeid Amani Karume, he then paid visits to the Ministries of Foreign Affairs and Health.

Mr. Hoffmann made most satisfactory contacts with the local Red Cross, which is efficiently assisting detainees and their families, the victims of the events. He made an on-the-spot examination of all problems arising from such aid and visited five places of detention established in the island, in which there were about 1900 persons who had been arrested during the recent events.

### **Appeals to the Tracing Service**

The ICRC continually receives applications from emigrated Cuban families to enquire into the fate of prisoners held by the authorities in Havana or of relatives who have remained behind in Cuba. The ICRC continues to transmit these enquiries to the Cuban Red Cross in Havana, which replies regularly after investigation. The number of these requests to trace missing persons varies from 20 to 50 each month.

### **Aid to Laos**

As a result of the renewed fighting in the interior of the country, the Laotian Red Cross had to send an urgent appeal to the ICRC for further consignments of blood plasma. The ICRC sent off 100 flasks of preserved blood, in addition to which the Netherlands Red Cross has again donated 300 flasks. This plasma is bound for the hospitals and infirmaries in the fighting areas.

### **Visits to detainees in Viet Nam**

Mr. André Durand, the General Delegate of the International Committee in South-East Asia, went to Saigon, the capital of the

Viet Nam Republic, where he endeavoured to intervene on behalf of the victims of events. Following his meetings with Dr. Phan Huy-Quat, the Minister for Foreign Affairs, and Mr. Ha Thuc-Ky, the Minister for Internal Affairs, he was granted authority to carry out visits to detainees.

Mr. Durand's first visit was to the prison of Chi-Hoa, on February 21. The following day, accompanied by Dr. Pham Van Hat, President of the Red Cross of the Republic of Viet Nam, he went to the detention camp of Phu Loi, where he interviewed several detainees in private <sup>1</sup>.

### **Visit to the ICRC**

Miss S. Nayar, Minister of Health for India and Chairman of the Red Cross in her country, paid a visit to the International Committee of the Red Cross on March 9. She was received by Mr. Léopold Boissier who, in the name of the institution of which he is President, wished her welcome and expressed the hope that the valuable co-operation between the Indian Red Cross and the ICRC would continue.<sup>1</sup>

Princess Amrit Kaur who was Miss Nayar's predecessor in her high office, was received at the ICRC headquarters on several occasions and she was well acquainted with its activities. The news of her recent death was received everywhere in the Red Cross world with spontaneous sorrow.

### **Warsaw University honours the ICRC President**

Mr. Léopold Boissier, President of the International Committee of the Red Cross, has just been elected to Honorary Doctorship of the University of Warsaw; on communicating this decision to Mr. Boissier, the Permanent Delegate of Poland accredited to the international organisations in Geneva, Mr. Meller-Conrad, stated that the most important university of his country wished in this manner to pay tribute to the "man carrying on the great work begun by Henry Dunant". Mrs. Domanska, Chairman of the Polish Red Cross, for her part wrote to the President of the ICRC that Warsaw University "wanted in this manner to mark its esteem for your outstanding merit and your untiring efforts as President of the International Committee of the Red Cross in order that the principles of humanity and peace may prevail in the intercourse of nations."

Mr. Boissier has decided to go to Warsaw to receive this distinction in person.

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<sup>1</sup> *Plate.*

### Relief to Algerian prisoners

As was mentioned in the February 1964 issue of the *International Review*, an ICRC delegate, Mr. J. J. Muralti, some time ago visited Algerians in captivity in Morocco. Acting in close co-operation with the Moroccan Red Crescent, he distributed various relief supplies, particularly food, under-clothing, socks, and games.<sup>1</sup>

Since then, the ICRC has sent other relief material to the Moroccan Red Crescent for distribution to these prisoners, including such items as cocoa, dried milk and cutlery. Part of this consignment—which will be followed up by another—will enable the National Society to build up an emergency stock.

### Aid to Tibetans

An important seminar took place in Geneva on March 16, 1964 dealing with aid to Tibetan refugees. Convened by the International Council of Voluntary Agencies in Geneva, some fifty representatives of organizations interested in aid to Tibetans, together with delegates of the Swiss and Indian Governments, of the United Nations High Commission for Refugees and envoys of the Dalai Lama gave their attention to this problem. Efforts were concentrated on achieving a better co-ordination of current actions in India, Nepal and Bhutan, and on projects for definite establishment in the countries of asylum.

This seminar was held as a result of a resolution adopted at the first meeting which took place in Geneva on April 24 and 25, 1963 under the sponsorship of the International Committee of the Red Cross.

From March 16, 1964 the International Council of Voluntary Agencies undertakes the co-ordination of aid to Tibetans, thus releasing the International Committee whose traditional tasks are at present continually increasing.

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<sup>1</sup> *Plate.*



## CINEMA AND RADIO IN THE SERVICE OF THE RED CROSS

**Cinema** — For the Centenary, the ICRC particularly desired to present to the general public a review of its activities since its foundation and of the evolution of humanitarianism throughout the ages, which gave rise to the Geneva Conventions. Its colour film entitled *Red Cross on White Ground*, lasting for twenty minutes, is a documentary of no mean interest on the movement inspired by Henry Dunant.

The film was written and directed by Charles G. Duvanel of Geneva, who has a world reputation in the cinema industry. He was also the writer of the scenario for the film *Blood is still being shed* . . . the merit of which has already been mentioned in the *International Review*, and his work, which is most instructive, is a blend of erudition, selective artistry and up-to-date cinema technique.

The opening sequences show pictures of such personalities as Cyrus, Saladin, Grotius, St. Camille de Lellis, and Jean-Jacques Rousseau, who appear as the spiritual ancestors of Dunant and the "Committee of Five", the founders of the Red Cross a century ago. Duvanel and his assistants carried out exhaustive research in order to present these early beginnings in an original and authentic manner.

The succession of impressive scenes illustrated that each time men are arrayed against others in combat there is present a "warrior without weapons", armed only with a medical kit and good will. Although it may not always be the same man, his sign is constantly the same; that of the red cross on white ground, which commands universal respect.

The sequences relating to the tasks carried out by the ICRC during the two World Wars, are followed by a record of missions in Korea, Indochina, Hungary, the Congo, Algeria, Laos; everywhere, in fact, where delegates from Geneva have sought to relieve human suffering.

It should be mentioned that *Red Cross on White Ground* is available in French, English, German and Spanish, in both 35 mm and 16 mm.

During the centenary year, several films of importance have been shown. One of these was a production by the British Broadcasting Corporation, a 50-minute film entitled *The Third Front*. This is a general documentary on the International Red Cross intended for showing to a wide public. Although the original is in English, there are also French and German versions.

*A Hundred Years Ago* is a more modest documentary running for twenty minutes, produced by the Swiss Television. Like the BBC film it is available in three languages and shows unpublished documents on the foundation of the Red Cross and on Geneva in Henry Dunant's time.

Another film was produced by the Ministry of Defence of the Federal Republic of Germany. This is entitled *Im Geiste der Genfer Conventionen* (In the spirit of the Geneva Conventions), and deals with the application of the four Geneva Conventions which today form the basis of international humanitarian law. This medium-length film, lasting 45 minutes, will be of great service. For the moment it is available in German and French, but an English version is now being produced.

The Centenary Commission of the Red Cross, for its part, is at present working on a 25-minute documentary in colour. This will show the important events which took place in Switzerland in 1963 for the Red Cross Centenary, including the International Exhibition, the Commemorative Day events and other ceremonies. Entitled *One Hundred Years of Service to Mankind*, this film will shortly be available in French, English and German versions.

In addition, the ICRC is preparing a short film dealing with its medical relief programme in the Yemen, showing the field hospital at Uqhd and the work of the mobile teams near the fighting.

**Sound Broadcasting** — On a number of occasions the *International Review* has mentioned the important rôle of radio in tracing-work and for news on the ICRC. The latter has been given considerable support since 1945, both by stations broadcasting on the medium-wave — such as Radio Genève — and by others on the short-wave band. In that year began the close co-operation between the ICRC and the Swiss Short-Wave Service. The advantage of this station is that its short-wave beams cover the whole world, broadcasting in many languages.

For about 20 years, short four to five minute newscasts in French have been broadcast once a week by the Swiss Short-Wave Service. Some of these have been relayed also in German and English ; in addition the news broadcasting services include many flashes concerning ICRC activities.

Yet further programmes are directed to particular regions of the world, such as the Arab language programme each Friday at 17.15 h. (GMT+1). This is on the air for 45 minutes on the 25.28 and 31.04 metre bands.

The ICRC has also planned to relay programmes to African countries, in French and English, with the object of making the Geneva Conventions and the various activities of the Red Cross more widely known.

The ICRC Information Department is at present endeavouring to interest the accredited correspondents of broadcasting stations, both Swiss and foreign, in the work of the International Committee, and it is to be hoped that this venture will soon show worthwhile results.

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## **AID TO TIBETAN REFUGEES**

### **AN AGRICULTURAL COLONY IN NEPAL**

In 1960 the Government of Nepal requested the International Committee of the Red Cross to lend assistance in order to attend to the besetting problem which arose from the arrival in that country of Tibetan refugees. In response, the ICRC decided, apart from other measures, to establish an agricultural colony in a high-land valley in central Nepal.

From September 1961, preparations were made for the installation of several hundred refugees at *Dhor Patan*, at an altitude of about 9,000 feet. This valley, which was inhabited only for the monsoon period by Nepalese, was to become the permanent home of the Tibetan nomad refugees. The following month a technical team arrived on the spot, sent out by the International Committee and comprising one doctor, two engineers, one foreman—accompanied by their wives—and two young agriculturists.

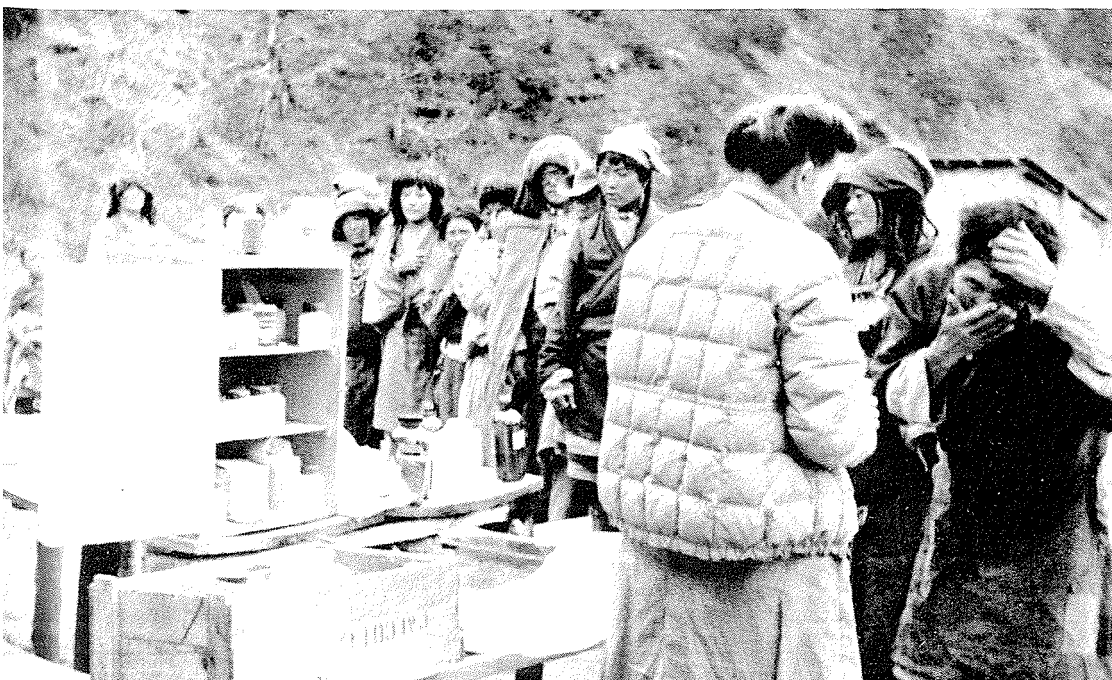
From the outset, almost insuperable problems arose. Due to the remoteness of the region and the scant means of access, communication was difficult and the arrival of refugees in much greater numbers than expected made provisioning exceedingly onerous. Moreover, the winter of 1961/62 was more severe than usual and forced the chief of operations to evacuate women and children to the lower regions of the Terai foothills.



Tibetan refugees clearing ground in the Dhor Patan valley...

## THE ICRC IN NEPAL

...and receive vitamin tablets at the ICRC infirmary.





At Dhor Patan, Tibetan refugees prepare roof timbers...

## THE ICRC IN NEPAL

...and learn how to build sturdy houses.



Thanks to the ceaseless efforts of the team itself and of the ICRC delegation at Katmandu an air liaison was made possible, with "Pilatus-Porter" aircraft, although operation was irregular due to bad weather. However, this air service enabled the project to be completed in spite of a difficult beginning.

It soon became apparent to the team that the settlement of a yet larger group of refugees would require much more time and patience. Intensive exploitation of unclaimed land was therefore envisaged, necessitating two measures: to limit in a very strict manner the number of Tibetan settlers and, after six months of intensive work, to replace the specialized team by a smaller one composed of a nurse and two Swiss agriculturists.

Medical care had to be provided for Tibetans on their arrival as well as foodstuffs richer in protein and vitamins, in order to bring about a rapid improvement in their health<sup>1</sup>. They were inoculated against typhus, para-typhus and cholera, smallpox and diphtheria.

The first task undertaken was ground clearance.<sup>1</sup> A trial plot was cultivated in order to determine what cereals and vegetables could be grown at that altitude and in that climate. Very soon the first crops of potatoes and wheat were visible.

Stock rearing of such animals as yaks, goats and sheep proved difficult, due to the inadequate fodder and pasture. Plans for setting up a cheese-making plant had to be postponed.

At the same time, the housing problem had to be tackled, for the yak-hide tents were unsuitable for the often damp climate prevailing in the valley. Solid buildings of stones and clay covered with shingle-boards were constructed under the directives of the Swiss foreman.<sup>1</sup> Two Tibetan villages and a "Gömpa" (Buddhist temple) were thus established in the Dhor Patan valley.

After having organized this social welfare programme in Nepal—although somewhat outside its traditional field of activity—and after ensuring its operation for three years, the International Committee considered that this work could be carried on by organizations more specialized than itself in the field of practical

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<sup>1</sup> *Plate.*

## INTERNATIONAL COMMITTEE

mutual assistance. On May 31, 1963, therefore, responsibility for continuation of the whole operation was taken over by the Swiss Association for Technical Assistance.

Almost one year has since elapsed, and the International Committee of the Red Cross is pleased to learn that the Dhor Patan community is flourishing and prosperous. Cultivation extends now over almost fifty acres and thanks to a good potato crop and wheat harvest, food is available for a population of 250 for a period of seven months. In one or two years the present contribution of basic foodstuffs will no longer be necessary and little by little this community in the formerly uninhabited valley will be self-supporting. The success of the experiment will affect the whole valley and will be of benefit also to the Nepalese population.

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## A GESTURE OF FELLOWSHIP

It is thanks to the work of the International Committee of the Red Cross and its Central Tracing Agency in Geneva that prisoners of war captured in the Yemen, are able to correspond with their families. The humanitarian aspect of this work is illustrated in innumerable messages of gratitude. A few brief examples are quoted below :

“ Thanks to your message, we now know that our son Arafa is alive . . . may God be with you so that you may continue to succour your fellow-men. ” The writer of this latter also wrote to his son who was a prisoner : “ . . . we put our trust in God ; the day of your return will be a day of celebration . . . be of good courage . . . ” Other letters of thanks are received by the ICRC which, merely by transmitting messages from soldiers, was able to alleviate the anguish of relations who were without news of them.

Times without number the ICRC, which undertakes this activity in conformity with the Geneva Conventions, has in the past had occasion to repeat this gesture of human solidarity which dissipates the uncertainty and anxiety of families. It has done this many times, no doubt millions of times, to judge from the 45 million index-cards in the records of the Central Tracing Agency and the 28 million family messages which the ICRC has transmitted from one hostile country to another.

This vast figure refers to cases which arose during the two World Wars. For the 1939-1945 war alone, the Agency classified 36 million index-cards in respect of some 15 million individual cases. Naturally, not every investigation was a success. It also often happened that the Agency had only bad news to convey, to

## INTERNATIONAL COMMITTEE

the effect that the person cherished and sought by the family would never return. But it also sent messages of comfort and hope by the million.

The ICRC also administers the International Tracing Service at Arolsen (Federal Republic of Germany), which carries on a parallel activity but which concentrates especially on the fate of deported and interned civilians in Germany and German occupied territory during the war. This Agency has classified some 25 million index-cards.

The accomplishment of this task by the ICRC necessitates close co-operation with many National Red Cross Societies which also have their own Tracing Services or Information Bureaux. Their files contain many millions of index-cards which are still consulted, for enquiries continue to flow into the Red Cross even now, nearly nineteen years after the end of the war. These Services and Bureaux are all in touch with one another, thus forming one of the world's most extensive networks with the aim solely of alleviating mental suffering. This network covers East and West ; it takes no account of boundaries and is at the service of all. Thanks to it the gesture of fellowship performed by the ICRC in the Yemen can be repeated throughout the world whenever enquiries bring to light the fate of a missing person. This indeed, is one of the miracles of the Red Cross.

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# INTERNATIONAL RED CROSS

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## JOINT COMMISSION of the EMPRESS SHÔKEN FUND

No. 55

Geneva, April 11, 1964.

### FORTY-THIRD DISTRIBUTION OF INCOME

The Joint Commission entrusted with the distribution of the income of the Empress Shôken Fund met in Geneva on February 28, 1964.

A representative of the Japanese Red Cross, Mr. Masuo Takashima, was present at the meeting and the Commission expressed its thanks to him for the donation of 3,600,000 yen, the equivalent of US \$10,000, which Her Majesty the Empress of Japan was so gracious as to make to the Fund on the occasion of the Centenary of the foundation of the Red Cross in 1963.

The Commission noted the statement of accounts and the situation of the Fund at December 31, 1963 and confirmed that the balance available amounted to 18,682.20 Sw. frs.

One single request for an allocation had been submitted for the forty-third distribution of income. In application in particular of the remarks made in Circular No. 54 of April 11, 1963, concerning the disadvantages of making small allocations which generally do not permit the financing of plans envisaged, the Commission agreed to grant to the Society making the application a sum in excess of the amounts allocated at previous distributions.

Furthermore, the Commission confirmed its decision to submit a modification of the Statutes to the XXth International Conference of the Red Cross.

## INTERNATIONAL RED CROSS

The sum allocated is as follows :

*Sierra Leone Red Cross : Frs. 10,000.—* for the purchase of a  
Land Rover

The unused balance of Sw. frs. 8,682.20 will be added to the income available for the next grant.

In accordance with Article 7 of the Regulations, the beneficiary National Societies are required to report in due course to the International Committee of the Red Cross or the League of Red Cross Societies, on the use which has been made of the allocation received. The Joint Commission would like this report, accompanied by photographs if possible, to reach it at the latest by the end of the present year. It furthermore reminds beneficiaries of Article 6 of the Regulations which prohibits them from assigning the grant made to them for purposes other than those specified without the previous consent of the Commission.

In accordance with the Regulations, the 1964 income will be distributed in 1965. The Central Committees of National Societies are now invited to submit requests for an allocation to the Secretariat of the Joint Commission, assumed this year by the International Committee of the Red Cross (7, Avenue de la Paix, Geneva).

The Joint Commission desires to remind candidates that such requests must indicate the precise purpose for which the allocation will be used, in order for them to be considered ; they must also, as far as possible, be accompanied by a plan of financing. Requests must be submitted to the Secretariat of the Joint Commission before December 31, 1964.

*For the Joint Commission :*

*League of Red Cross Societies*

*International Committee of the  
Red Cross*

H. Beer

M. Bodmer

J.-P. Robert-Tissot

J. Pictet

K. S. Seevaratnam

M<sup>lle</sup> A. Pfrter

## EMPRESS SHŌKEN FUND

## BALANCE SHEET AS ON DECEMBER 31, 1963

ASSETS		LIABILITIES	
	Sw. Fr.		Sw. Fr.
Swiss Public Securities estimated at par (Stock Exchange value Fr. 498,120.—) . . .	508,000.—	Inalienable capital on December 31, 1963 . . . . .	346,250.—
Cash at the Swiss National Bank, Geneva . . . . .	28,680.99	<i>Plus :</i>	
Administration fédérale des contributions, Berne (Tax at source, to be reclaimed) . .	3,861.70	Donation of H. M. the Empress of Japan on the occasion of the Red Cross Centenary (3,600,000 Yen). . . . .	42,831.64 389,081.64
		Provision for market fluctuations . . . . .	106,747.10
		Provision for administrative costs :	
		Balance brought forward from 1962 . . . . .	507.45
		Statutory attribution on the income in 1963 . . . . .	685.80
			1,193.25
		Actual administrative costs in 1963 . . . . .	830.65 362.60
		Funds available according to accounts . . . . .	18,682.20
		<i>Total amount of fund</i> . . . . .	514,873.54
		Creditors (allocations to be withdrawn) . . . . .	21,500.—
		International Committee of Red Cross assets on current a/c . .	4,169.15
	<u>540,542.69</u>		<u>540,542.69</u>

# INTERNATIONAL RED CROSS

## INCOME AND EXPENDITURE ACCOUNT FOR 1963

EXPENDITURE		RECEIPTS	
	Sw. Fr.		Sw. Fr.
43rd distribution of allocations to four National Red Cross Societies, in accordance with the decision of the Joint Commission, April 11, 1963 . . . . .	9,000.—	Income in 1963 on investments	13,716.25
Allocation of 5 % of 1963 income to administration of Fund, in accordance with Article 7 of the Regulations . . . . .	685.80	Plus balance brought forward from 1962 . . . . .	14,651.75
Funds available on December 31, 1963 :			
Balance brought forward from 1962 . . . . .	14,651.75		
Surplus receipts over expenditure in 1963	4,030.45		
	<u>18,682.20</u>		
	28,368.—		<u>28,368.—</u>

## World Red Cross Day

Each year on May 8, the National Societies celebrate the anniversary of the birth of Henry Dunant and take that opportunity of making known as widely as possible and in a vivid and varied manner the activities of the Red Cross, the Red Crescent or the Red Lion and Sun in their own countries. In 1964 will take place the 17th World Red Cross Day since its institution by the League. It has now proposed an impressive theme and one of particular topicality ; *The Red Cross — bond of solidarity and factor of world understanding.*

As regards the theme which has been chosen this year, recalling the great contribution to the work of fellowship and peace made by our movement, we would mention that this subject has been dealt with by Mr. J. Pictet in particular in two publications entitled *The Red Cross and Peace* and *Red Cross Principles*. In the latter he defines solidarity in the following terms ; " Having the same aims, Red Cross Societies have established mutual relationships and recognize that it is their duty to help one another."

Mr. J.-G. Lossier has also made a definition of this same fellowship (the title of his work) as one of the ruling ideas of the Red Cross. The ICRC has furthermore produced a study by him of the connection between *The Red Cross and Peace*.

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## CHRONICLE

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### ON THE GENEVA CONVENTION RELATIVE TO THE TREATMENT OF PRISONERS OF WAR

Mr. Albert J. Esgain and Colonel Waldemar A. Solf, both holding senior positions in the administration of military courts of the United States, have just published an important article<sup>1</sup> on the Geneva Convention of August 12, 1949 relative to the treatment of prisoners of war. This article, from every point of view, justifies being brought to the attention of readers of the *International Review* for it sets out most pertinently and with clarity the principles, the innovations and some defects which are to be found in this Convention.

The authors first recall the situation prior to the First World War. The Hague Convention, which at that time was the main statute relating to war, was in danger of being inapplicable on legal grounds in 1914, because one of its clauses subordinated its compulsory implementation to accession by all the parties engaged in conflict. However, neither Serbia nor Montenegro were bound by this Convention. We must be grateful to those who negotiated the 1949 Conventions for having steadfastly rejected the " *si omnes* " clause.

The article goes on to point out the following characteristics of the new Convention :

- a) it codifies the rules, both general and specific, governing the protection of prisoners of war ;

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<sup>1</sup> North Carolina Law Review (Vol. 41, No. 3, 1963).



- b) it ensures for the latter the right to decent and humane treatment ;
- c) it endeavours to restrict breaches of humanitarian principles by imposing upon the contracting parties the enactment of rules providing for penal sanctions against persons guilty of serious infringement ;
- d) it gives the latter protection against arbitrary justice ;
- e) it lays down that prisoners of war hold no allegiance to the Detaining Power ;
- f) it provides that the legal status and the rights of prisoners of war shall be subject as far as possible to the laws, regulations and orders in force in the armed forces of the Detaining Power ;
- g) it makes provision for the important rôle of the Protecting Power, of the International Committee of the Red Cross and other relief organizations.

The authors, in the first part of their study, finally point out that, although the Convention has even now not been ratified by parties engaged in the conflict in Korea, and was therefore not applicable to this conflict, it has nevertheless been observed on the whole by the belligerents.

Mr. Esgain and Colonel Self then gave detailed observations concerning the following points which do indeed call for reflection.

The Convention makes no provision for war carried on by an alliance of forces such as those of the United Nations or by geographical coalitions such as those of NATO or of the Warsaw Agreement. The expression " High Contracting Parties " does not indeed seem applicable to international or multi-national organizations of this nature ; hence the state of flux which was revealed, in particular, during the intervention by the United Nations forces in the Congo. No doubt the International Committee of the Red Cross has contributed to remedying this situation by an appropriate exchange of correspondence with the General Secretariat of the United Nations, but this is a procedure which is by no means an ideal

alternative to United Nations accession to the Geneva Convention on the Treatment of Prisoners of War.

Article 3 of the Convention has been described as an important innovation in the law of war, in that it extends the principle of international control (by means of a clause in the Law of Geneva) to matters which, until 1949, were regulated exclusively by national laws. Mr Esgain and Colonel Solf consider this to be an assertion of the principle that the respect of fundamental human rights, to the extent to which they are embodied in contractual undertakings, is of concern to all members of the United Nations.

In respect of this same Article 3, stress is laid on the clause which specifies the inalienable legal status of the parties to the conflict. As a consequence, this Article is applicable irrespective of recognized belligerent status and legitimate governments may continue to seek out and punish rebels, subject to the latter's being granted the legal guarantees laid down in the Convention.

In their commentary on Article 4 and the inclusion of various categories of "partisans" among the persons protected by the Convention, these writers in *The North Carolina Law Review* point out that the conditions upon which this protection is dependent (the bearing of arms openly and the wearing of distinctive emblems recognizable at a distance) will deprive most of the members of resistance movements in occupied territory of the benefit of protection under the Convention. Indeed these guerillas can only operate from concealment. However, instead of regulations relating to prisoners of war, the rules of the Geneva Convention in respect of civilian populations remain applicable to members of such resistance movements. In particular, they should benefit from the provisions of Article 62 of the Convention restricting the application of the death penalty.

One of the most recent ideas in this study concerns the position of deserters and traitors. Are such individuals entitled to treatment as prisoners of war within the terms of this Convention? This is an important question, for if they may claim such treatment, they shall no longer take part in the struggle. If, on the other hand, they are not entitled to such treatment, there is no objection, if they and the detaining Power so desire, to their taking up arms

on the side of the army of the Detaining Power, having in this manner merely changed sides. From the legal point of view, the fate of such persons depends on the interpretation which may be given to the expression "fallen into the power of the enemy" (Art. 4, A). This expression indeed differs from that used in the 1929 Geneva Convention (Art. I) which, like The Hague Convention of 1907 (Art. 1, 2 and 3) refers to persons "captured" by the enemy.

The spokesman of the ICRC on the appropriate commission during the Geneva Conference of 1949, stated that in the opinion of the experts consulted by the International Committee in 1947, the new phraseology had a "wider meaning" than the former and referred to members of armed forces who had surrendered without offering resistance and also to those who were in enemy territory at the outbreak of hostilities. Must desertion or treason imply, as interpreted by some authorities, that the deserter or the traitor forfeits any claim to protection under the Convention, on the grounds that the latter postulates that the protected persons must have faithful patriotic leanings without which certain characteristics of prisoner of war status could not be justified (communication of names, the rôle of the Protecting Power, financial regulations)? Should it not rather be decided that such individuals are nevertheless protected by the Convention, as advocated by Mr. Esgain and Colonel Solf, who point out that there is no international statutory provision covering deserters and that national legislation does not relieve deserters and traitors from their national status? The issue is open and expert opinions differ.

The writers of the article conclude from this that the Swiss Federal Council would be well advised to consult all the participants in the Convention on this point in order to arrive at a correct interpretation. If opinions could not be reconciled, the question would have to be settled by a fresh international agreement, otherwise parties to a conflict would have no alternative but to settle the issue by special agreement when hostilities break out.

Among the other important questions which, in the opinion of the authors, necessitate clarification by international agreement, is that which calls for the examination of a substitute for the Protecting Powers in the event of the latter's default. This hypothesis is not one which can be ignored in view not only of the evolution

of international relationships, but also of the material conditions which protection demands, particularly the need for personnel of diplomatic status and the expenses involved.

Two further problems to be solved are those of United Nations accession to the Convention and conditions for extradition within the framework of multilateral measures for the repression of war crimes. This study by specialists in matters of military jurisdiction, is devoted to a great extent to the position of the United States with regard to repression not only of serious infringements, but also of misdemeanour against the rules laid down in the Convention. The instructions in force in the United States army are quoted by these two authors, who point out that the United States only punishes war crimes as such, if they have been perpetrated by nationals of an enemy power or by persons in the service of an enemy State. Violations of the law of war by persons subject to military law in the USA are dealt with under the terms of the military code of laws of the United States and consequently punishment is meted out in accordance with that code. Breaches of the law of war perpetrated on United States territory by other persons come within the scope of criminal law, either Federal or State, and are punished in accordance with such law.

Finally, detailed comment is devoted to the controversial question which was so troublesome at the end of the Korean War and which, in point of fact, was the cause of considerable delay in negotiating the armistice, i.e. the question of prisoners of war refusing to be repatriated at the end of hostilities. The authors' conclusion supports the American point of view—which was moreover approved by the United Nations and was finally embodied in the terms of the armistice agreement—according to which no one may be forcibly repatriated. The authors nevertheless point out that it would be an exaggeration to draw the conclusion from this liberal interpretation of articles 7 and 118 of the Convention, that the Detaining Power is obliged to grant asylum on its territory to prisoners who refuse to be repatriated and they further express the opinion that henceforth asylum will continue to be reserved, as in the past, only to prisoners who in good faith seek refuge for political motives. They also add that asylum will similarly be granted to those who voluntarily deserted their own army to join the enemy.

This obligation on the Detaining Power is the consequence for having assumed the responsibility of encouraging such desertions by radio or by the distribution of pamphlets.

This important study makes continual reference to the comments on the Geneva Convention relative to the treatment of prisoners of war published by the International Committee of the Red Cross (Geneva, 1960).

The concluding observation of this monograph is in an optimistic vein and refers to the "consensus omnium" in Geneva in 1949 in favour of humanitarian aims and which, in the opinion of the authors, should help to remedy the defects revealed by experience in the implementation of the Convention.

*H. C.*

## MISCELLANEOUS

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### UNITY OF TREATMENT AS SEEN BY THE NURSE

*A certain number of National Societies possess their own hospitals. On the other hand, in their capacity as members of Central Committees and of Red Cross Societies, can be found public health representatives, doctors, nurses and directors of hospitals. Furthermore, today the construction of hospital establishments is one of the most urgent problems in a number of countries.*

*We think it to be of interest to publish the text of a report submitted to the XIIIth International Hospital Congress in Paris.*

With the advent of government health services as well as community health insurance schemes which have brought about an outburst of hospital construction, we have heard a constant plea from nurses and for nurses to be more widely consulted on hospital planning. Indeed one architect, Mr. James Moore, wrote that no advancement has ever been made toward the design of a nursing unit in which nursing personnel did not participate directly or indirectly.<sup>1</sup> With this I whole-heartedly concur, while also accepting another architect's statement, that of Mr. P. H. Knighton, who said that "nurses should *insist* upon being consulted provided they know the answers and are able to convey their knowledge in an ordered and assimilable manner."<sup>2</sup> Some very experienced nurses,

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<sup>1</sup> James Moore (speech at 64th Annual Meeting—American Hospital Association, Chicago—Sept. 1962).

<sup>2</sup> P. H. Knighton, A.R.I.B.A., Architect to Newcastle Regional Hospital Board. *International Nursing Review*—Vol. 7, No. 4, p. 41.

said he, have no skill in the orderly presentation of their views or are unimaginative in the planning of buildings which they cannot actually see". Acquiring the necessary knowledge and the ability to advise in an intelligent manner will not be a sudden occurrence but the result of a constant and continuing process of analytical observation and constructive thought throughout the nurse's training and experience. Nurses cannot over-estimate the importance of design in hospital planning as it is intimately related to good as well as economical nursing care. For the efficient and effective operation of a ward unit all personnel, professional and non-professional, must work in close cooperation as a team in order to preserve time and effort for the benefit of the patient. To this end, the spatial arrangement of the ward unit must be organised in such a way as to prevent the nurse from wasting energy in unnecessary motion and travel. This philosophy must be taken into account when the ward is being planned. The design and equipment must be carefully scrutinised for efficiency, usefulness, appearance and durability. It implies ingenuity and inventiveness.

The patterns of nursing organisation and administration which will govern the work of the staff must be made available to the architect as well as any specific need for the type of patient that will be cared for in the ward unit. Time and motion studies and job analysis of nursing personnel could also be of great assistance in determining the layout of the ward. A principle to keep in mind is that it is preferable to build for the organisation than to adjust the organisation to the building.

**The Ward Unit.** — Mr. Alan Wightman describes a ward as a place where a mixed group of people in various stages of illness or convalescence live together under immediate medical and nursing care.<sup>1</sup> This description fits the ward unit we will be thinking of in this paper. We are not dealing with the intensive care unit nor the unit planned for a definite medical specialty, but with the ordinary ward unit of a general hospital.

What are the requirements of the ward unit as they affect nurses and nursing care? I do not intend to discuss the architect-

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<sup>1</sup> Hospital and Medical School Design: International Symposium. Dundee, 1961. The Design of Ward Units—Ninewells Hospital, p. 92.

## MISCELLANEOUS

ural design or shape of the unit since this will be the prerogative of the architect. I will try to discuss items which are particularly related to nursing and are generally the subject of combined planning between the nurse and the architect.

First, we must establish that in the light of today's concepts of nursing care, many factors have a bearing on the requirements and design of the nursing unit, the quality and the quantity of the staff, as well as the staffing patterns, the methods of assigning patient care, the amount of professional teaching and research done in the unit, the communication lines with other units or with the hospital in general and the amount of centralisation of apparatus and equipment.

The size of the nursing unit should be determined as far as nursing is concerned by the law of diminishing return. Florence Nightingale, in her notes on Hospitals published in 1863,<sup>1</sup> had found that 32 was the maximum desirable number of patients in a ward. She arrived at this number by allowing 1,500 cu. ft. of space per patient, 100 sq. ft. per bed and a ceiling height of 15 ft. "Wards larger than this were more costly in construction and too difficult to ventilate," said she.

Although we are still of the opinion today that from 30 to 32 is a reasonable size for a nursing unit, we have come to this conclusion through different factors. It has been definitely established that the size of the ward has a considerable effect on the ratio of staff to beds. We are concerned with the number of patients a head nurse or ward sister can efficiently be responsible for, considering the number and variety of personnel she must supervise; the type of patients and the rate of turnover; the number of physicians, residents and interns and their standards of practice as well as the teaching and research programmes of the hospital.

It is doubtful that a head nurse or ward sister can be fully aware of the needs and make provision for adequate care of much more than 30 patients. The quality of patient care is apt to decrease if she cannot keep daily contact with each patient and, therefore, provide the physician with meaningful information. New and occasional staff cannot be as readily directed and consequently are

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<sup>1</sup> Studies in the Functions and Design of Hospitals. Nuffield Provincial Hospitals Trust—Oxford University Press, p. 2.



less productive and less efficient. The evolution and rapid change in nursing care and functions have not been compensated by a sufficient increase in nursing personnel ; therefore, we look upon technical progress to restore the equilibrium.

The unit as far as the nurse is concerned should have one outstanding quality : compactness. However, this compactness must not be attained at the expense of the growing demand for more essential facilities created by factors such as a higher nursing load of acute patients with heavy demands on equipment, and early ambulation. It must produce ease of supervision and economy of staff effort.

Medico-social advances through which the patient, by insurance or otherwise, is now provided with the basic hospital costs, have made him more demanding for the privacy that he can now afford.

It seems desirable that the rooms in the nursing unit should not contain more than four beds. From the nurse's point of view arguments for or against the one-, two- and four-bed rooms are plentiful. The disadvantage of the one-bed room, namely the greater distance between patients, seems to have been overcome (at least in the experimental stage) by a plan which provides for private rooms with an overall area not in excess of accepted standards for nursing units of equal number of beds in multiple-bed rooms. " Walking distance for the nurses is considerably less than most nursing units being designed today. The key to the planning of this unit is, of course, in the design of the room. The length of the corridor is in direct proportion to the width of the room. The breakthrough in the design of single-bed nursing units was to reduce the width of the room to a bare minimum. In the nursing unit mentioned here, the rooms have an 8ft. 1in. interior width dimension. This layout and dimension has been accomplished by placing the beds at a slight angle to the room wall."<sup>1</sup> This room was tested with nursing personnel for every technique and procedure which could be visualised being done and has the advantage of becoming an isolation room at a moment's notice. It will be interesting to watch the development of this project which is being carried out in the United States.

<sup>1</sup> James Moore : Speech at 64th Annual Meeting—American Hospital Association, Chicago—September, 1962.

Whatever the type of bed rooms chosen to meet medical requirements or local preferences, a minimum number of single-bed rooms is necessary for isolation purposes and other medical reasons, particularly if the hospital does not have an intensive care unit.

**Patient Rooms.** — A great deal of the nurse's time will be spent in the patient's room. After we have first considered the needs of the patient both physically and psychologically it is vital to study all the factors that will help or hinder the administration of comfortable and safe nursing care.

If the bedroom is a multiple one, there must be ample room for equipment between beds and room for a stretcher or wheelchair along the side of each bed. The oxygen and suction intake should be easily accessible to every bed. If there are curtains between beds they must not rest, when closed, in front of the oxygen intake but rather on the opposite side of the bed. The room must be large enough to accommodate an easy chair for each patient and for visitors and a table or dresser on which flowers can be deposited. In multiple-bed rooms the disposition of the bedside table gives rise to controversy. Two aspects of this problem must be kept in mind: the convenience for the patient first and that for the nurse after. The wardrobe or dresser should contain a locked compartment for valuables not deposited in the hospital vault. The bed or beds should be so placed as to keep the patient from facing the windows. Each bedroom should have toilet facilities equipped with a bedpan flushing attachment to the right of the toilet. There is difference of opinion as to where the wash-basin will be placed: in the toilet or in the room. Hygienic precepts would place it in the toilet, but it can be more readily accessible to doctors and nurses if placed outside the toilet but in the room. The toilet room should be equipped with an emergency call button and the door should open outside the bathroom because of the limited space inside in case the patient falls or faints. If there are two sources of light, one at the ceiling (which is now often omitted) and one at the head of the bed, this should be the one that will be connected with the switch nearest the door so that, when entering a room, the light that is turned on first does not shock the patient. The night light should be controlled from the nursing station by a switch operating

all night lights and connected to the emergency power to ensure that no room is ever without a dim light at any time. My preference regarding the type of intercommunication system between the room and the nurses' station is for the small hand-type speaker instead of that which is mounted on the wall. The patient usually finds its use more convenient and less fatiguing than speaking through a speaker on the wall often behind his bed.

**Nurses' Station.** — The nurses' station has been traditionally placed at the entrance of the nursing unit near the elevators. If one takes into account that this is the hub of nursing operations on a ward, where charting is done, orders given and received from doctors and nurses, calls placed, emergencies reported and admission and discharge activities are taking place, one would readily conceive that the nurses' station should not also serve as an information and direction centre for everyone coming out of the elevator. A control desk manned by a ward clerk or receptionist should be so located in order to carry out these activities as well as receive and dispatch articles carried by dumb waiters to pharmacy or central supply.

The nurses' station should be closed, with acoustic ceiling, centrally located to avoid long walks, large enough to accommodate all the nursing staff but *only* the nursing staff. Adjoining the nurses' station there should be a doctors' charting area where patients' records are easily accessible to both groups by the means of horizontal chart racks opening on both sides and allowing communication between the two groups. Some hospitals are providing conference rooms directly off the doctors' charting areas.

The intercommunicating system between patients' rooms and the nurses' station should be centrally located so as to be visible and within easy access of nurses in the station. It is also preferable to locate pneumatic tubes within or near the nurses' station. The desks or charting area should be organised so that the various nursing forms are visible and easily accessible, preferably not in drawers where one must displace chairs or personnel to reach them. There should be a clock in the nurses' station or one visible from there.

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The medication room should open off the nurses' station in order to better control its access. It should be large enough to accommodate nurses and students working at the same time as well as medication carts. It should be equipped with a counter and sink, a refrigerator, a locked narcotics drawer and shelves.

**Head Nurse Office.** — The head nurse or ward sister's office should be near the nurses' station in order to be easily accessible to nurses and doctors at all times and enable her to control the operations of the ward or unit. In a plan which I favour, it is adjoining the nurses' station, the medication room and the nurses' rest room and allows the head nurse to supervise these areas through glazed walls.

**Rest Room or Lounge.** — If space permits this room should be provided. It could also serve as a multiple purpose room. Its advantage as a place for coffee breaks for the personnel would be to avoid wastage of time and to diminish traffic in corridors and elevators by ending a twice daily walk to a distant or ground floor canteen. It could also be used as a conference or interview room or clinical teaching room for nursing students and other personnel if no such room is provided.

**Service Rooms.** — These in the past were referred to as soiled or clean utility rooms. Because of their almost constant use they should be placed in the middle of the nursing unit. If the design of the ward does not permit this and if the nurse has to travel too great a distance to and from these rooms to the furthest patient, sub-utility or service rooms should be provided. Modern construction with toilet facilities and running water in every room plus centralised services and sterilisation have decreased the load usually carried by these rooms.

The clean utility room has become the supply room in hospitals with a central service for storage and distribution of linen and all sterile and non-sterile supplies for the unit. The newer idea of a dispatch processing centre as the core of the production line flow of supplies and materials seems to have great possibilities. This innovation brings the supplies one step closer to their final destina-

tion, i.e. the patient's room, each room being equipped with a double-door clean and soiled supply cabinets which are serviced from the corridor. The floor supply core in this case replaces the utility or service room.<sup>1</sup> Whatever the plan adopted by the hospital, this room should be large enough to move and store linen and supply carts and to provide for shelves preferably adjustable and of perforated metal to avoid collecting dust or lint.

**Soiled Utility or Service Room.** — Since we are taking for granted that most hospitals now have or will have a central supply and sterilisation department, this room serves as a centre where soiled utensils and materials are collected, rinsed and packaged before being sent to this department. It is therefore important to have clinical and counter sinks, with plenty of counter and shelf space for wrapping soiled articles and for liquid disinfectants and solutions. Space must be plentiful for movable hampers and carts and also for a small refrigerator for specimens.

**Treatment Room.** — If the hospital has a high percentage of multiple-bed rooms a treatment room may prove necessary and serve also as a consultation room. Ideally it should be located near the clean supply room. It should have a counter sink, piped-in oxygen and suction if available in the hospital ; shelves and cupboards for treatment trays and supplies and possibly an X-ray film illuminator.

**Day Room.** — Although the average length of stay in acute general hospitals is rather short, early ambulation points the need for a day room but economy of space and of nursing time would be gained by combining it with a dining room for ambulatory patients. This latter function of the day room does not call for any special facility since patients could be served from a food cart on a dining room table placed at one end of the day room. A nurse's call button and electrical outlets for the heated cart plus adjoining toilet facilities are needed. If the day room is to be used for visitors and

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<sup>1</sup> The Plan Puts Supplies Where The Patients Are.—The Modern Hospital of the Month—Holy Cross Hospital, San Fernando, California—The Modern Hospital, Vol. 92, No. 6, June, 1959, p. 77.

## MISCELLANEOUS

recreation including radio and television as well as for dining, it would be well to locate this room where the ensuing noise will not disturb other patients, but not too far from nursing traffic for observation and safety of early ambulatory patients.

Apart from the specific recommendations that nurses can make regarding the various rooms in the ward unit, there are also a great variety of details on which she may be asked or may wish to volunteer some comments. She may want to call the architects' attention to the fact that the nursing unit personnel is primarily made up of women, hence some attention should be given to the height at which a number of things should be placed. She may help in selecting what electrical switches will go on the emergency electrical power. She should advise on what sinks should have gooseneck spouts and foot, knee or blade control handles. She may help select the best type of paging system to avoid misuse or disturbance to patients and the correct location for telephones. She will want to be sure that no safety device has been overlooked, especially those connected with windows, doors, furniture and equipment. She must be sure that space is adequate and handy for equipment storage and for taking care of flowers. She must constantly remind architects and engineers of the necessity of planning to avoid noise, excessive upkeep and repair which hinders and disrupts the smooth functioning of nursing activities, and help them to promote planning which will bring about economy of personnel.

Above all, what the nurse can give first and foremost is a feminine touch. She will think of the little things that will add warmth to the coldness of the clinical atmosphere and just as it takes a woman's touch to make a house into a home, the nurse can help to transform a hospital into the best substitute for home when a person is in need of medical attention and physical as well as mental nursing care.

ALICE GIRARD  
Dean of the Faculty of Nursing  
University of Montreal

## WORLD HEALTH DAY

World Health Day, which is celebrated each year on April 7, marks the anniversary of the entry into force, in 1948, of the Constitution of the World Health Organization. The theme chosen for 1964 is *No Truce for Tuberculosis* and Dr. M. G. Candau, Director-General of the Organization, delivered the following message on that occasion :

At least 15 million people suffer from infectious tuberculosis in the world today. The disease still claims more than 3 million lives each year : and these are cautious estimates of the situation.

It is true that there has been a spectacular decline in tuberculosis deaths in nearly all economically-developed countries. Between 1950 and 1960 the tuberculosis death-rate fell from about 14 to nearly 2 per 100,000 population in the Netherlands, from nearly 21 to well below 6 in the United States of America, from over 47 to less than 20 in France, and from 122 to 31 in Japan, to mention only a few examples.

Unfortunately the number of tuberculosis sufferers has not declined nearly as rapidly as the number of deaths, and tuberculosis still remains a grave problem even in the more-favoured countries. In the world as a whole, it can be estimated that between 2 and 3 million new cases still occur each year.

In the less-developed areas of the world, morbidity statistics are not so reliable, but special surveys have indicated that one person in every hundred may suffer from infectious tuberculosis. Even more serious, up to 70 per cent. of children may be infected before they reach the age of 14.

In India alone, for instance, there may be as many as 3 million infectious cases. In Latin America there are 600,000 known cases of active tuberculosis and probably 1,800,000 undeclared ones.

The most recent WHO Expert Committee on Tuberculosis laid down a criterion by which a country could judge its progress towards the conquest of tuberculosis. The Committee felt that

tuberculosis could not be considered to be eliminated as a public health problem unless the number of children who became infected before the age of 14 fell below one per cent.

Not a single country in the world today satisfies this condition. Yet for the first time in man's history we now possess effective weapons with which to fight tuberculosis. This is why the theme for World Health Day this year is "No Truce for Tuberculosis".

Vaccination with BCG can protect large segments of any population from the risks of infection to which it is exposed by the tuberculosis sufferers in its midst. Treatment with the modern drugs—isoniazid, streptomycin and p-aminosalicylic acid (PAS)—can render patients non-infectious and cure the disease. This is possible even in countries where the number of sufferers is a thousand times greater than the number of sanatorium beds, and where treatment has to be given while patients go on living at home.

These weapons are both powerful and relatively cheap, but they must be properly used. If BCG vaccination is fully to serve its purpose, it must be given to a high proportion of young people before they are exposed to any serious risk of infection. Drug treatment can succeed in reducing the tuberculosis problem only if the majority of infectious cases are detected before they spread the disease, and if those under treatment actually take their pills. Most important therefore is the efficient organization of community-wide services adapted to each country's particular situation. This means that doctors and auxiliary workers of all kinds must be given the right training.

The discrepancy between what could be achieved with the knowledge and tools available today and what is actually being done is both a national and international challenge.

Bodies like the World Health Organization, UNICEF, and the International Union against Tuberculosis are ready to face the challenge, but the main effort must come from within the countries themselves. It is the duty of every national health service to take advantage of all possibilities and join in a world-wide drive to conquer this scourge which continues to kill millions each year and is a drag on economic progress by weakening and immobilizing tens of millions.



## FREEDOM FROM HUNGER CAMPAIGN

The International Review has mentioned in previous numbers the campaign launched in 1960 by F.A.O., the climax of which was the World Food Congress in Washington last year. F.A.O. published a report summarizing the work of this Congress and we give below some extracts <sup>1</sup>:

The Congress achieved one of its main objectives, that of bringing together people having the duty and the means of providing assistance, those in a position to direct national policies and to plan for development, and those with the ability of influencing public opinion and of inducing nations to take up this great challenge to all mankind's will to progress. Leading personalities from countries giving assistance and from countries receiving it were able, during the Congress, to examine together the scope and the limits of national efforts and international assistance. More especially it clearly made apparent the fact that only an all-out effort on a world scale, combining the active participation of peoples and governments would make it possible to vanquish hunger and malnutrition.

It was manifestly impossible for a meeting of over one thousand persons from one hundred or so countries to lay down a general plan of action. However, the Congress did make recommendations for the direction to be taken by future work and for the drawing up of a scale of priorities at national and international levels; the next stage is to implement these recommendations.

All aspects of food production were dealt with by the Congress, including not only the food industry itself, but also distribution; cultural and economic obstacles to the full application of present-day knowledge; aspects of development relating to finance and education; as well as the need for widespread participation by society in general in the struggle against famine and malnutrition.

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<sup>1</sup> *World Food Congress Report*, Food and Agricultural Organization of the United Nations, Rome, 1963.

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It was evident that, confronted with such an enormous problem, this large gathering would in the short time available not be able to draw up a wide-scale plan of action. It did however play an essential rôle, that of giving the greatest possible publicity to the nature and scope of the problem. The first essential was to arouse the governments and the peoples of the whole world to reality and to a sense of responsibility. To do this, the significance of the work undertaken and the vast programme which will be confronting the international organizations, governments and even the peoples, had to be brought home to those attending the Congress. The whole problem of famine and malnutrition had to be reviewed to reveal that all its aspects, technical, educational, and financial, are indissolubly linked. For this reason, stress was laid on the repercussions which the agenda would have on plans for organization and development, in preference to discussing the technical aspect of such plans.

The items on the agenda were dealt with by four Commissions : technical, economic and social ; education and research ; propaganda and collective activities ; food production. The special meetings of this fourth Commission made it possible for the Congress to discuss in general terms the contribution which could be made to increased agricultural production and improved diet in under-developed countries by the fertilizer, food-processing and agricultural machinery industries.

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EXTRACT FROM THE STATUTES OF  
THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC), founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.<sup>1</sup>

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be "Inter arma caritas".

ART. 4. — The special rôle of the ICRC shall be :

- (a) to maintain the fundamental and permanent principles of the Red Cross, namely : impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;

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<sup>1</sup> The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term "National Red Cross Societies" includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife ; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties ;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.



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- ALBANIA** — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ALGERIA** — Central Committee of the Algerian Red Crescent Society, 8 bis, rue Henry-Dunant, *Algiers*.
- ARGENTINE** — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA** — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA** — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM** — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA** — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL** — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA** — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA** — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI** — Red Cross Society of Burundi, P.O. Box 1037, *Usumbura*.
- CAMBODIA** — Cambodian Red Cross, 17 R Ruelle Preak Bat Trasak Paem, P.O.B. 94, *Pnom-Penh*.
- CAMEROON** — Central Committee of the Cameroon Red Cross Society, P.O.B. 631, *Yaoundé*.
- CANADA** — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON** — Ceylon Red Cross, 106 Dharma-pala Mawatte, *Colombo VII*.
- CHILE** — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA** — Red Cross Society of China, 22, Kanmien Hutung, *Peking, E*.
- COLOMBIA** — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 11-10, *Bogota*.
- CONGO** — Red Cross of the Congo, 24, avenue Valcke, P.O. Box 1712, *Léopoldville*.
- COSTA RICA** — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA** — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA** — Czechoslovak Red Cross, Thunovska 18, *Prague III*.
- DAHOMY** — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK** — Danish Red Cross, Platanvej 22, *Copenhagen V*.
- DOMINICAN REPUBLIC** — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR** — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA** — Ethiopian Red Cross, P. O. Box 195, *Addis Ababa*.
- FINLAND** — Finnish Red Cross, Tehtaankatu 1 A, *Helsinki*.
- FRANCE** — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8<sup>e</sup>)*.
- GERMANY (Dem. Republic)** — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic)** — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, *Bonn*.
- GHANA** — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN** — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE** — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA** — Guatemalan Red Cross, 3.<sup>a</sup> Calle entre 8.<sup>a</sup> y 9.<sup>a</sup> Avenidas, *Guatemala*.
- HAITI** — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS** — Honduran Red Cross, Calle Henry Dunant, *Tegucigalpa*.
- HUNGARY** — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND** — Icelandic Red Cross, Thorvaldsensstraeti 6, *Reykjavik*.
- INDIA** — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA** — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN** — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ** — Iraqi Red Crescent, *Baghdad*.
- IRELAND** — Irish Red Cross, 25 Westland Row, *Dublin*.
- ITALY** — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST** — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAPAN** — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN** — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic)** — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic)** — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Dong, *Seoul*.

## ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, Camp Johnson Road, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Red Cross Society of the Federation of Malaya, Jalan Belfield 519, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4º piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Nordeste, 305, *Managua, D.N.C.A.*
- NIGERIA — The Nigerian Red Cross Society, 2 Makoko Road, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Tarapaca 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretariat, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian People's Republic, Strada Biserica Amzei 29, C.P. 729, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA (Republic) — South African Red Cross, 14 Hollard Street, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANGANYIKA — Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 1, Avenue de Carthage, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American Red Cross, National Headquarters, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Koznetsky Most 18/7, *Moscow k.31*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triệu, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.